

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	10/7/99
O.I.P.E. CLASSIFIER		59	10/14
FORMALITY REVIEW	XS	7174	10-27

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10/99
2	✓	✓	10/10/99
3	✓	✓	10/10/99
4	✓	✓	10/10/99
5	✓	✓	10/10/99
6	✓	✓	10/10/99
7	✓	✓	10/10/99
8	✓	✓	10/10/99
9	✓	✓	10/10/99
10	✓	✓	10/10/99
11	✓	✓	10/10/99
12	✓	✓	10/10/99
13	✓	✓	10/10/99
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46	✓	✓	10/10/99
47	✓	✓	10/10/99
48	✓	✓	10/10/99
49	✓	✓	10/10/99
50	✓	✓	10/10/99

Claim	Final	Original	Date
51	✓	✓	10/10/99
52	✓	✓	10/10/99
53	✓	✓	10/10/99
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56	✓	✓	10/10/99
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97	✓	✓	10/10/99
98	✓	✓	10/10/99
99	✓	✓	10/10/99
100	✓	✓	10/10/99

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(1 SET INSIDE)